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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐Declaration
Submitted
With Initial
Filing

OR

☐Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)Attorney Docket
Number

19721

First Named Inventor

David DE KRETZER

COMPLETE IF KNOWN

Application Number

Filing Date

5 April 2006

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Therapeutic method

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

6 October 2004

as United States Application Number or PCT International

Application Number

PCT/AU2004/001359

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2003905461	Australia	6 October 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2004902056	Australia	16 April 2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2004904834	Australia	24 August 2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

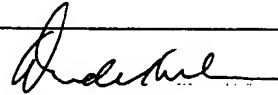
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

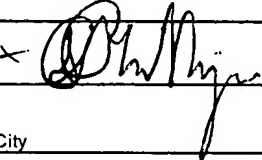


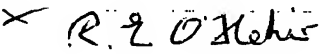
Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	<div>00272</div>	OR	<input type="checkbox"/> Correspondence address below
Name				
Address				
City		State	ZIP	
Country	Telephone		Email	
<p>WARNING:</p> <p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
David Morritz		DE KRETZER		
Inventor's Signature				Date
X				X 8/06/2006
Residence: City	State	Country	Citizenship	
Surrey Hills	Victoria	Australia	Australia	
Mailing Address				
1 Leura Street				
City	State	Zip	Country	
Surrey Hills	Victoria	3127	Australia	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the TWO supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

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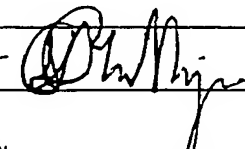

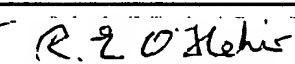
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
David James		PHILLIPS	
Inventor's Signature 		Date <u>26/06/06</u>	
Hughesdale Residence: City	Victoria State	Australia Country	Australia Citizenship
17 Calembeena Avenue Mailing Address			
Hughesdale City	Victoria State	3166 Zip	Australia Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kristian Lee		JONES	
Inventor's Signature 		Date 	
Glen Iris Residence: City	Victoria State	Australia Country	Australia Citizenship
5/68 Erica Avenue Mailing Address			
Glen Iris City	Victoria State	3146 Zip	Australia Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robyn		O'HEHIR	
Inventor's Signature 		Date <u>21/6/06</u>	
Melbourne Residence: City	Victoria State	Australia Country	Australia Citizenship
Department of Pathology and Immunology, Central and Eastern Clinical School, Monash University, Alfred Hospital, Commercial Road Mailing Address			
Melbourne City	Victoria State	3004 Zip	Australia Country

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Supplemental SheetPage one of two

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
David James		PHILLIPS	
Inventor's Signature <i>x</i> 		Date <i>x</i> 26/06/06	
Hughesdale Residence: City	Victoria State	Australia Country	Australia Citizenship
17 Colombeena Avenue Mailing Address			
Hughesdale City	Victoria State	3166 Zip	Australia Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Krislian Lee		JONES	
Inventor's Signature <i>x</i> 		Date <i>x</i> 14/7/06	
Sturtis MARYLEBONE Residence: City	Victoria LONDON State	Australia UK. Country	Australia Citizenship
15 THORNTON PLACE 5/55 ERIDGE AVENUE Mailing Address			
Sturtis MARYLEBONE City	Victoria LONDON State	9445 WHIFL Zip	Australia U.K. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robyn		O'HEHIR	
Inventor's Signature <i>x</i> 		Date <i>x</i> 21/6/06	
Melbourne LONDON Residence: City	Victoria State	Australia GB Country	Australia Citizenship
Department of Pathology and Immunology, Central and Eastern Clinical School, Monash University, Alfred Hospital, Commercial Road Mailing Address			
Melbourne City	Victoria State	3004 Zip	Australia Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage two of two

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Shane		PATELLA	
Inventor's Signature <i>x [Signature]</i>		Date <i>28/6/06</i>	
Malvern East Residence: City	Victoria State	Australia Country	Australia Citizenship
602 Waverley Road Mailing Address			
Malvern East City	Victoria State	3145 Zip	Australia Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kathryn Moira		WILSON	
Inventor's Signature <i>x K. Wilson</i>		Date <i>27/6/06</i>	
Cockatoo Residence: City	Victoria State	Australia Country	Australia Citizenship
31 Caroline Avenue Mailing Address			
Cockatoo City	Victoria State	3781 Zip	Australia Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kimberley Louise		SEBIRE	
Inventor's Signature <i>x K Sebire</i>		Date <i>26/6/06</i>	
Preston Residence: City	Victoria State	Australia Country	Australia Citizenship
236 Murray Road <i>53 Army Road</i> <i>KLD</i> Mailing Address <i>26/6/06</i>			
Preston City <i>Boronia</i>	Victoria State	3072 <i>3155</i> Zip	Australia Country

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